

STATE BOARD OF EXAMINERS OF PSYCHOLOGY
COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT, KY 40602
<http://psycho.state.ky.us/>

Supervisor Recommendation for Licensure as a Psychological Practitioner

NAME OF APPLICANT _____

The above named individual has applied for licensure as a Psychological Practitioner in the Commonwealth of Kentucky. One of the requirements is 5 years of supervised psychological practice as a Licensed Psychological Associate. Recognizing that you are legally and ethically responsible for the activities of the applicant during the period of time you were their supervisor, please use the utmost care in being specific in the details you provide on the following form. Your candid and complete evaluation of this applicant is critical for licensure and, ultimately, the protection of the consumer.

Supervisor Credentials

1) Name of supervisor _____ Degree _____
(please print or type)

2) Title at time applicant was supervised: _____

3) Are you a Board Approved Supervisor Licensed Psychologist? _____

Date first approved as supervisor for this applicant: _____

4) Place(s) & Date(s) of licensure: _____ License # (s) _____

5) Your highest graduate degree: _____ Major: _____

6) Title of department and school granting degree: _____

7) Number of years working as a professional psychologist: _____

8) Area(s) of specialization: _____

9) Memberships in professional organizations (Please list): _____

- 10) **List all others who provided supervision under your overall guidance.** Provide name, credentials and the number of hours per week and type(s) of supervision provided by each.
Attach another sheet, if necessary.

NAME	SUPERVISION HRS PER WEEK		
	LICENSE#	GROUP	INDIVIDUAL

- 11) Did this applicant pay you for this experience?

Yes _____ No _____

If yes, please explain: _____

- 12) Do you have any relationship with this applicant outside of the supervisory relationship?

Yes _____ No _____

If Yes, Explain:

Signature

Title

Current Address

Telephone Number

Date

SUPERVISED PSYCHOLOGICAL EXPERIENCE
AND RECOMMENDATION FOR LICENSURE
(to Be Completed By Supervisor Only)

NAME OF APPLICANT _____

NAME OF SUPERVISOR _____

- 1) Name and address of agency where supervised experience was gained:

- 2) The applicant's title/position during the period of supervised psychological experience:

- 3) *Please note:* Kentucky administrative regulations (201 KAR 26:190E Section 4) reads: "Applicants for licensure as psychological practitioners shall complete the equivalent of five (5) full time years of psychological practice under the direct supervision of a licensed psychologist approved by the board, consistent with the requirements of 201 KAR 26:171." It further states (1) "...with a full-time year comprising at least 1800 hours of supervised experience."

How many hours per week of each of the following did the applicant accumulate?
(You may be asked for verification)

- a) Total experience: _____
 - b) Direct psychological service: _____
 - c) Face to face contact with clients: _____
 - d) One on one, fact to face supervision _____
 - e) Other types of supervision or learning activities (specify): _____
- 4) Beginning and ending dates of supervised psychological experience:
From (month day year) _____ to (month day year) _____
 - 5) Total number of hours of total psychological experience: _____
 - 6) During the period of supervised experience, what percent of the applicant's direct service time was spent to the following age groups(s)? **please check which age groups this applicant is qualified to serve without supervision.**

General service age	PERCENT	Qualified to serve independently
Preschool children (under 5)		
Children (5 – 12)		
Adolescents (13 – 17)		
College (in a college setting)		
Adults (18 and over)		
Geriatric		
TOTAL		

NAME: OF APPLICANT: _____ NAME OF SUPERVISOR: _____

7) In which of the following services did the applicant demonstrate competency that can be qualified and in your professional opinion, is qualified to perform **independently**:

General Services Provided		Services Offered		Specialty Services**	
	Hours		Hours		Hours
Therapy	_____	Child Evaluations	_____	Custody Evaluations	_____
Evaluation	_____	Child Treatment	_____	Forensic Evaluations	_____
Consultation	_____	Behavioral Medicine	_____	Industrial/Org. Psychology	_____
Academic Teaching*	_____	Behavioral Modification	_____	Neuropsychology	_____
*That you supervised		Biofeedback	_____	School Psychology	_____
		Competency Evaluations	_____	Other	_____
		Eating Disorders Family	_____		_____
		Family Therapy	_____		_____
		Group Therapy	_____		_____
		Hypnosis	_____		
		Marital/Conjoint Therapy	_____		
		Mediation	_____		
		Play Therapy	_____		
		Program Evaluation & Dev.	_____		
		Psychodrama	_____		
		Sex Therapy	_____		
		Substance Abuse/Addiction	_____		
		Supervision	_____		
		Other: _____	_____		
		_____	_____		
		_____	_____		

**Must have had substantial training and experience to be prepared for independent practice.

8) Who signed all psychological evaluations and reports prepared by the applicant during the period of supervision? If not yourself, give the name and role of the ancillary supervisor who did:

Myself _____ Name & role of ancillary supervisor(s) _____

9) Did you provide this applicant with a written evaluation of his or her work on at least a quarterly basis?

Yes _____ No _____ If not, explain:

10) Based upon your overall experience with this applicant, do you personally attest to sufficient competence of professional judgment requisite to independent, unsupervised practice in those areas identified in questions #6 and #7? If not, what additional training and/or experience would prepare this person to function competently without supervision?

11) Do you have any information that would aid the State Board of Examiners of Psychology in evaluating this application to pursue independent practice? Please delineate.

NAME: OF APPLICANT: _____NAME OF SUPERVISOR: _____

Please complete this form in reference to the above named applicant. Scores are as follows:

1 = Does not display minimal competency (to practice independently).

3 = Displays minimal competency (to practice independently) in this area.

5 = Exhibits above minimum competence (to practice independently) in this area.

X = Cannot rate

1. **Interviewing Skills**

1	2	3	4	5	X	Conducts interviews with client/patient, family members, employees and/or others to understand identified problems.
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2. **Relevant History**

1	2	3	4	5	X	Identify relevant history from client/patient or significant others to attain understanding of presenting problem(s).
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3. **Observational Skills**

1	2	3	4	5	X	Observes client/patient or organization behavior and articulates this in a coherent fashion.
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4. **Assessment Selection Skills**

1	2	3	4	5	X	Selects appropriate instruments, techniques or procedures (e.g.) test inventories to assess relevant characteristic of individual or group.
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5. **Test Administration & Interpretation**

1	2	3	4	5	X	Administers, interprets and scores psychological testing materials, techniques or procedures in a standardized fashion.
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6. **Reporting Writing Skills**

1	2	3	4	5	X	Integrates and reports results of psychological testing or intervention in a coherent, clear fashion.
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7. **Special Populations**

1	2	3	4	5	X	Identifies techniques for assessing psychological needs of special populations (e.g. sensorially or physically disabled, ethnic minority, gender issues, etc.)
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8. **Diagnostic Skills**

1	2	3	4	5	X	Demonstrates knowledge of a diagnostic system (i.e.) DSM IV and ability to differentially diagnose patients in organized and clear fashion.
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9. **Professional Conduct**

1	2	3	4	5	X	Maintains appropriate professional relationships with supervisor, peers, support staff and other professionals.
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|------------|--|---|---|---|---|---|--|
| 10. | <u>Assessing Patient/Client for Dangerousness</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Demonstrates skills, knowledge and abilities to identify potentially dangerous patients/clients and intervene appropriately (e.g. suicidal, violent, etc.) |
| 11. | <u>Ethical Principles</u> | | | | | | |
| | I | 2 | 3 | 4 | 5 | X | Demonstrates knowledge and behavior consistent with ethical principles and standards for psychologists. |
| 12. | <u>Record Keeping</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Maintains appropriate records and documentation in clear and readable fashion. |
| 13. | <u>Knowledge of Own Limits</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Identifies limits of his/her own competencies and able to consult and refer appropriately. |
| 14. | <u>Confidentiality</u> | | | | | | |
| | I | 2 | 3 | 4 | 5 | X | Articulates and demonstrates knowledge related patient confidentiality and disclosure of information. |
| 15. | <u>Knowledge of Theoretical Foundation</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Articulates clear theory/conceptual basis addressing etiology and interventions with patient/client. |
| 16. | <u>Conceptual Skills</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Applicant displays ability to conceptualize client problems in a coherent and logical fashion. |
| 17. | <u>Teaching Skills</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Uses effective approaches in presentations, workshops, academic instruction and other formal and informal teaching opportunities. |
| 18. | <u>Supervision</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Provides competent direction and support for supervisee. |
| 19. | <u>Special Areas of Expertise</u> | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | X | Please list areas of experience not otherwise covered: |

Any sections where individual scored I or 2 please explain: _____

DECLARATION OF SUPERVISOR:

I declare that, to the best of my knowledge, the foregoing is true and correct.

Supervisor's Signature

Date